REQUIREMENTS FOR A PROPOSAL

FOR

UNINSURED IN-PATIENT SURGICAL SERVICES

Alberta
HEALTH AND WELLNESS

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REQUIREMENTS FOR A PROPOSAL FOR UNINSURED IN-PATIENT SURGICAL SERVICES

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1.0 INTRODUCTION

A surgical facility must not provide uninsured in-patient surgical services unless it is accredited by the College of Physicians and Surgeons of Alberta and is designated for this purpose by the Minister of Health and Wellness.

These requirements have been developed based on requirements of the *Health Care Protection Act (HCPA)*. Section 15 lists the factors the Minister is to consider in the review of a proposal from an owner/operator wanting to provide uninsured in-patient surgical services and facility services at a surgical facility.

An owner/operator of a surgical facility may decide how best to format the proposal, as long as the information necessary for the Minister's review is complete and required components are clearly identified.

Additional information to support the proposal may be included. Supporting documentation must be attached as appendices and cross-referenced to the appropriate section in the proposal.

Once submitted to the Minister, all documents and information in the proposal are subject to any applicable access and disclosure provisions of the *Freedom of Information and Protection of Privacy Act* ("*FOIP Act*"), and the *Health Information Act*. Therefore some or all of the information in the proposal could be released under an access request.

The proposal may also be released in full or in part to any person for purposes of obtaining information or advice respecting the proposal. Proposals will be provided to regional health authorities that may be affected by the proposal in order to assess potential impacts on the publicly funded health system.

Notwithstanding the *FOIP Act*, the *Health Care Protection Act* allows the Minister and a health authority to provide to the Council of the College of Physicians and Surgeons of Alberta any information that the Minister or the health authority considers to be relevant to an accreditation or the accreditation process in respect of a surgical facility.

Further, section 20 of the Health Care Protection Regulation requires the Minister to publish ownership information. An owner may request the Minister to consider an exception to publication under section 20(6). Such a request must be submitted in writing, explain why publication could reasonably be expected to threaten the safety of any person, and accompany the ownership information. Note that section 20 does not require the home addresses of individuals to be provided.

The Minister is not liable for any costs an owner/operator incurs in preparing or presenting a proposal.

A cover sheet containing the following information must accompany each proposal:

- title of proposal
- contact name, address, telephone, fax and e-mail

- name(s) of owner of the surgical facility, and name of operator, where different from the owner
- name and address of the surgical facility.

Please send two copies of the proposal to:

Co-ordinator, *Health Care Protection Act*
Alberta Health and Wellness
18th Floor, 10025 Jasper Avenue
Telus Plaza North Tower
Edmonton, Alberta
T5J 2N3

2.0 AUTHORITY TO OPERATE

The *Health Care Protection Act* states that no person shall operate a surgical facility at which uninsured in-patient surgical services are provided unless the surgical facility is:

- accredited by the College of Physicians and Surgeons of Alberta, and
- has been designated by the Minister of Health and Wellness.

In addition, the designation of the surgical facility may be subject to terms and conditions established by the Minister. Terms and conditions may include, but are not limited to:

- term of designation
- date by which a review of designation is to be initiated
- submission of change of ownership information
- maximum number of in-patient beds
- maximum service volumes, by type
- place of residence of patients and parties with payment responsibility
- compliance with applicable inter-provincial reciprocal billing agreements
- information reporting requirements, and
- any other terms and conditions the Minister considers appropriate.

The owner/operator must ensure the surgical facility and operations comply with all relevant municipal, provincial, and federal legislation, regulations, and directives.

The owner/operator must require and ensure that all health care professionals providing services within the surgical facility comply with applicable professional legislation and any requirements established thereunder, including any conflict of interest provisions.

The College of Physicians and Surgeons of Alberta must provide the Minister with notice of any new accreditations or of the withdrawal or cancellation of or changes to an accreditation. If an uninsured in-patient surgical service is deleted from the accreditation or the accreditation is withdrawn in its entirety, then the Minister will, by order, withdraw the designation of the surgical facility or amend the designation to delete one or more of the surgical services that the designated surgical facility is authorised to provide.

Loss of designation of the surgical facility would require the owner/operator of the surgical facility to terminate provision of the uninsured in-patient surgical services immediately. Failure to do so is an offence subject upon conviction to a fine of not more than $100,000 for each day that the offence continues.

The operator is required to report to the Minister if the surgical facility closes permanently. The designation of the surgical facility terminates automatically when the operator closes the surgical facility permanently.

Where the Minister is of the opinion that, since the granting of a designation, circumstances have changed with respect to any of the factors referred to in Section 15 in a material or substantial way, then the Minister shall give a written notice to the operator of the designated facility of intent to withdraw or amend a designation.

Where resolution of the concerns does not occur, the Minister shall, by order, withdraw or amend the designation. The procedure is set out in Section 18 of the *Health Care Protection Act.*

Failure to comply with any provision of the Act, the Regulation, or terms or conditions of a designation may result in the Minister withdrawing or amending the designation of the surgical facility.

3.0 DESCRIPTION OF PROPOSAL CONTENTS

In developing a proposal, an owner/operator must refer to the Alberta Health and Wellness document *Factors for Assessing Proposals To Provide Uninsured In-patient Surgical Services*. The proposal must provide sufficient information to demonstrate how the proposal satisfies these legislated factors and complies with the *Health Care Protection Act*. Complete information is required for each of the following sections for Ministerial review.

3.1 Proposed Delivery of Uninsured In-patient Surgical Services and Related Facility Services

The proposal cannot pertain to any insured surgical services.

Provide a description of each type of uninsured in-patient surgical service(s) to be delivered under the proposal, including type of procedures and volumes by type. Also provide a description of related medical services (e.g. anaesthetic, diagnostic).

Provide information on the anticipated type and volume for each of the following uninsured surgical services:

- Surgical services that are not medically required and which would not be listed on the schedule of medical benefits available to persons who have coverage under the *Alberta Health Care Insurance Act.*

- Surgical services that may be listed on the schedule of medical benefits available to persons who have coverage under the *Alberta Health Care Insurance Act*, but are provided:
  - to persons eligible for those services under the *Workers' Compensation Act* of Alberta or workers' compensation legislation of another province or territory
  - to residents of Alberta who are members of the Canadian Armed Forces, RCMP, serving a term in a penitentiary, or entitled to receive services under the jurisdiction of the Government of Canada
  - to residents of other provinces or territories
  - to residents of other countries
  - by a physician who has opted out of the Alberta Health Care Insurance Plan, or
  - to Albertans who have opted out of coverage under the Alberta Health Care Insurance Plan.

Provide information on the number of inpatient beds, the expected occupancy rate and the facility services to be provided. Facility services are defined in the *Health Care Protection Act*.

3.2 Disclosure of Surgical and Facility Service Charges

Section 17 of the Health Care Protection Act provides that no person is required to pay for an uninsured surgical service or related facility service unless:

- the nature of and the charges for the facility services and surgical services to be provided are fully explained to the person;
- the person agrees in writing to accept and pay for the surgical services and related facility services; and
- the explanations and signed agreements are completed before the surgical services are provided.

Provide details on the process of disclosure of charges for uninsured surgical services and related facility services as required by Section 17 of the *Health Care Protection Act*. Where individuals are to be charged, the description of the process must include: the party who will provide the information to the patient (e.g. surgeon or nurse); the time period (in days) in advance of the surgery at which the services and charges are to be explained; the time in advance of the surgery at which documents must be signed by the patient to indicate the patient's acceptance and agreement to pay for the services; and the nature of the disclosure, whether written or oral. For reference, Section 6 of the Health Care Protection Regulation specifies the content for disclosures of charges for enhanced medical goods and services related to insured surgical services.

If parties other than individuals will be charged for surgical and facility services, identify those parties.

The owner/operator is also to describe the process and mechanisms to resolve patient concerns.

3.3 Catchment Area and Payment Information

For each type of uninsured surgical service, indicate the catchment area that represents the place of residence of the patients to be served. Include information for areas within Alberta, other Canadian provinces and territories, and outside Canada. Provide the anticipated numbers of patients from each of these areas.

Identify all expected payment responsibility for uninsured surgical services. Examples include workers compensation, Government of Canada, and individuals who are not eligible for payment of benefits under the Alberta Health Care Insurance Plan. Provide an estimate of the per cent of total volume each source will represent.

Arrangements for payment for services provided to Canadians covered by the health plan of another province or territory must be consistent with applicable inter-provincial billing agreements.

3.4 Impacts on the Public Health Care System

Specify the number, type, mix, and personnel to patient ratios of health care personnel and including physicians, to be engaged by the facility to deliver the expected surgical and facility services, including pre- and post-surgical care.

Outline the facility's recruitment plan to acquire these personnel, including physicians and identify the likely sources of the health care personnel, by type of personnel.

Identify, by type and number, the expected pre- and post-surgical services. Indicate which of these services the operator will provide. Where the operator does not provide these services, indicate who will provide the services, the estimated cost of these services, and who will be responsible for the costs of these services.

Provide facility information on the actual experience or, in cases where there is no experience, the probable risk of unexpected post-surgical complications, including type and number, with estimated costs to the public health care system.

Indicate the actual experience or, in cases where there is no experience, the projected risk of "significant mishaps", as defined by the College of Physicians and Surgeons of Alberta, including type, number, and potential costs to the public health care system.

Alberta Health and Wellness will request comments from affected regional health authorities concerning their assessment of the impact the proposal is expected to have on the delivery of hospital and other health services.

3.5 Other Implications for the Public Health Care System

Indicate how the proposed provision of uninsured surgical services will impact on Albertans and the public health care system.

Consideration should be given to, but is not restricted to:

- access to insured services in the public system
- patient choice and flexibility
- provider choice and flexibility
- delivery of health care services
- education and research

Alberta Health and Wellness will request comments from affected regional health authorities concerning their assessment of how the proposal impacts on Albertans and the public health care system.

3.6 Service Standards/Quality Assurance

The College of Physicians and Surgeons of Alberta sets out service standards and quality assurance requirements in its by-laws and accreditation Standards for Extended-stay Non-hospital Surgical Facilities.

The owner/operator must provide proof that the surgical facility is, or will be, accredited by the College to provide the proposed surgical services requiring an inpatient stay.

3.7 Recording and Reporting Information

Outline what steps are to be taken to maintain records and submit reports as required under the *Medical Profession Act*, *Public Health Act*, *Health Care Protection Act* and the Health Care Protection Regulation.

The owner/operator is required to provide summary-level (aggregate) reports on inpatient indicators that will be identified at the time of designation to assist with monitoring any terms and conditions established by the Minister. Using the data set as outlined in the *Canadian Institute for Health Information Abstracting Manual*, it is expected that reports will contain summary information such as:

- number of inpatient separations, surgical services, and inpatient days of care by type of surgical service (using CIHI reporting codes),
- place of residence of patients, and
- payment responsibility (e.g. WCB, patient, province or territory of residence using the CIHI codes).

Additional information reporting may be required to assist in monitoring the surgical facility's compliance with any other terms and conditions of designation.

Please note that for the purpose of comparative statistics and research, the Ministry is interested in maintaining complete data sets of all in-patient activity in Alberta. Although not a requirement, the owner/operator should indicate whether there is a willingness to submit, for in-patients treated in surgical facilities, the same data set that is currently collected for in-patients treated in Alberta hospitals. This data set is defined in the *Canadian Institute for Health Information Abstracting Manual* for in-patients.

Outline what procedures will be in place to ensure that the operator reports full particulars of a "significant mishap" to the Minister not later than 24 hours after the significant mishap is first discovered. "Significant mishap" means significant mishap as described within the Standards for Non-hospital Surgical Facilities established by the council of the College of Physicians and Surgeons of Alberta.

For reference, Section 17 of the Health Care Protection Regulation requires that notification include:

- the name of the surgical facility where the mishap occurred
- the name of the patient
- the name of the attending physicians or dentist, as the case may be
- the type of procedure involved in the mishap
- a brief description of the nature of the mishap
- the date the mishap occurred.

3.8 Ownership Information and Responsibilities

Complete information about the ownership of the facility is required for publication as detailed in Section 20 of the Health Care Protection Regulation, using the forms annexed as Appendix 1, 2, 3, or 4, as applicable. The information may be provided in that form or in an alternative form, as long as all such information is provided, and signed as complete and correct by a senior officer, partner or proprietor as applicable.

Include a copy of the verifying documents such as articles of incorporation, memorandum, by-laws or charter, as appropriate, and proof of current corporate status.

Include profiles of all directors, the CEO, medical director, owner/operator and others that are responsible for making business decisions. Such profiles are to reflect each individual's business experience and the respective role or function each has in the operation of the surgical facility.

If the operator of the facility is not also the owner of the facility, then the operator is also required to include complete ownership information about the ownership of the operator as outlined in the first three paragraphs of this section (3.8).

The ownership information will be provided to any affected regional health authority for identification of any potential conflict of interest situations.

3.9 Indemnification and Insurance

The owner/operator will be required to indemnify and save harmless the Crown, her Ministers, servants, employees, agents, and contractors from all third party claims related to the operation of the facility.

The owner/operator must provide evidence of adequate insurance comparable to the insurance carried by regional health authorities for public hospitals, and evidence that physicians practising in the facility have adequate professional liability insurance.

3.10 Occupational Health and Safety

Indicate owner/operator responsibility to comply with and to be able to demonstrate compliance with the *Occupational Health and Safety Act*, including related regulations, orders, and codes of practice.

4.0 OTHER INFORMATION

Alberta Health and Wellness may request further supporting or clarifying information, or any other information considered necessary for the Minister's review and decision. This is expected to include a request for comments from any regional health authority affected by the proposal. In addition to the information requirements outlined in these Requirements, the Minister may require additional information be provided by the owner/operator in order to complete a review and determine a decision on the proposal.

5.0 RESTRICTIONS APPLICABLE TO SURGICAL FACILITIES

All uninsured in-patient surgical services provided in the facility are subject to the *Health Care Protection Act* and the Health Care Protection Regulation. Such services are subject to any restrictions or limitations in the designation.

No uninsured surgical service is to be provided for the purpose of giving any person priority for the receipt of an insured surgical service.

No person shall provide at a surgical facility any surgical services other than the surgical services the facility is authorised to provide under the *Health Care Protection Act* and the designation.

No insured surgical services may be provided in the facility unless provision of the insured surgical services is authorised under a contract with a health authority that has been approved by the Minister, and the facility is designated for those insured surgical services as required by the *Health Care Protection Act*.

6.0 PROPOSAL REVIEW PROCESS

Alberta Health and Wellness will use the following documents in assessing proposals to ensure compliance with the *Health Care Protection Act* and Health Care Protection Regulation:

- *Requirements for a Proposal For Uninsured In-patient Surgical Services.*
- *Factors For Assessing Proposals To Provide Uninsured In-patient Surgical Services*

The department will verify the status of accreditation of the facility with the College of Physicians and Surgeons of Alberta.

A copy of the proposal will be provided to any regional health authority potentially affected by the proposal. The regional health authority will be asked for comments on its assessment of the overall impact the proposal is expected to have on the delivery of hospital and other health services, and how the proposal may impact on Albertans and the public health care system. The department's assessment of the proposal will consider regional health authority comments.

The Minister will review the proposal, the department's assessment and any comments from regional health authorities. Pursuant to the legislation, the Minister may approve a proposal, refuse to approve a proposal or approve a proposal subject to any terms and conditions the Minister considers appropriate.

If the Minister approves a proposal and is satisfied as to the accreditation of the facility, the Minister may designate the facility. The designation will describe the uninsured in-patient surgical services that the facility is authorised to provide and may be subject to additional terms and conditions imposed by the Minister. Examples of terms and conditions include:

- term of designation
- date by which review of designation is to be initiated
- submission of change of ownership information
- maximum number of inpatient beds
- maximum service volumes by type
- place of residence of patients and parties with payment responsibility
- compliance with applicable inter-provincial reciprocal billing agreements
- information reporting requirements, and
- any other factors the Minister considers appropriate.

7.0 NOTIFICATION OF DECISION

The Minister's decision will be communicated to the operator of the surgical facility, the regional health authorities that participated in the review, and the College of Physicians and Surgeons of Alberta as soon as practical. If the surgical facility is to be designated, the Minister will inform the operator of the facility of the designation and any related terms or conditions. This information will be provided to the College of Physicians and Surgeons of Alberta, all health authorities, and may also be made available to any person on request.

Where the Minister approves a proposal and designates a surgical facility, the Minister will publish or otherwise make available to the public the Minister's reasons for designating the surgical facility. The Minister will publish ownership information as required by Section 20 of the Health Care Protection Regulation.

APPENDIX 1

WHERE OWNER IS A SOLE PROPRIETOR

Confirmation of ownership information is to be included with the proposal for uninsured surgical services. Please provide all the information requested below.

If a facility is designated as a surgical facility, this information will be published. An owner may request that the Minister consider an exception to publication under section 20(6) of the Health Care Protection Regulation. Such a request must be submitted in writing, explain why publication could reasonably be expected to threaten the safety of any person and accompany the ownership information. Note, however, that all information submitted will be subject to any applicable access and disclosure provisions of the *Freedom of Information and Protection of Privacy Act*, or the *Health Information Act*.

The information may be submitted in an alternative format provided that all the requested information is included. The owner must confirm that all information is correct by completing, signing and affixing this page to the information provided.

1. Name of the Owner (the Sole Proprietor)	
2. Registered Trade Name of the Sole Proprietor	
3. Name of the Surgical Facility	
4. Address of Sole Proprietor	
5. Name and address of Operator, if different from Owner.	
6. List any other associations* or affiliations* not otherwise provided on this form in an attached Schedule.	

All information, including any Schedules or other attachments, is complete and correct as at:
_____(date)

_____ _____

Signature of Sole Proprietor Date Signed

* An associate is defined in section 1(1)(b) and an affiliate is described in section 1(2), Health Care Protection Regulation.

APPENDIX 2

WHERE OWNER IS A PARTNERSHIP

Confirmation of ownership information is to be included with the proposal for uninsured surgical services. Please provide all the information requested below.

If a facility is designated as a surgical facility, this information will be published. An owner may request that the Minister consider an exception to publication under section 20(6) of the Health Care Protection Regulation. Such a request must be submitted in writing, explain why publication could reasonably be expected to threaten the safety of any person and accompany the ownership information. Note, however, that all information submitted will be subject to any applicable access and disclosure provisions of the *Freedom of Information and Protection of Privacy Act*, or the *Health Information Act*.

The information may be submitted in an alternative format provided that all the requested information is included. The owner must confirm that all information is correct by completing, signing and affixing this page to the information provided.

1. Name of the Owner (the Registered Name of the Partnership)	
2. Name of the Surgical Facility (please confirm if registered as a Trade Name)	
3. Name and Address of **all** Partners (then provide the information below as may be applicable)	See Schedule A, attached.
4. If any Partner is a Non-Distributing Corporation: ➢ the Address of Registered office of the Corporation in Alberta, ➢ the Name and Address of all Directors of the Corporation, ➢ the Name and Address of all Officers of the Corporation, and the Name and Address of all individuals who hold shares, directly or indirectly, in the Corporation and the name and address of all corporations (registered office address) and associates through which the individuals indirectly hold those shares.	See Non-Distributing Corporation forms, attached.
5. If any Partner is a Distributing Corporation: ➢ the Address of Registered office of the Corporation in Alberta, ➢ the Name and Address of all Directors of the Corporation, ➢ the Name and Address of all Officers of the Corporation, and the Name and Address of all individuals who hold shares, directly or indirectly (to which are attached more than 20 per cent of the votes that may be cast to elect directors of the corporation), in the Corporation and the name and address of all corporations (registered office address) and other associates* through which the individuals indirectly hold those shares.	See Distributing Corporation forms, attached.
6. If any Partner is a partnership, the name and address of all partners.	See Schedule B, attached.
7. Name and address of Operator, if different from Owner.	
8. List any other associations or affiliations not otherwise provided on this form in an attached Schedule.*	

All information, including any Schedules or other attachments, is complete and correct as at:
_____(date)

_____ _____

Signature of Partner authorised to sign for the Partnership Date

* An associate is defined in section 1(1)(b) and an affiliate is described in section 1(2), Health Care Protection Regulation.

APPENDIX 2

WHERE OWNER IS A PARTNERSHIP

SCHEDULE A – Name and Address of all **Partners** of the Partnership

Registered Name of Partnership: _____

No.	Partner Name	Partner Address	Please indicate if partner is an individual, a non-distributing corporation, a distributing corporation or a partnership
1			
2			
3			
4			

Please complete and attach Non-Distributing Corporation and/or Distributing Corporation forms (whichever is applicable) if any partner is a corporation. If any partner is itself a partnership, please complete and attach Schedule B.

APPENDIX 2

WHERE OWNER IS A PARTNERSHIP

SCHEDULE B – Where any partner of the **Partnership** is itself a partnership the names and addresses of all **Partners.**

Registered Name of Partnership: _____

No.	Name of partnership that is a partner	Name and addresses of all partners
1		i)
		ii)
		iii)
2		i)
		ii)
		iii)
3		i)
		ii)
		iii)

Please complete and attach Non-Distributing Corporation and/or Distributing Corporation forms (whichever is relevant) if any partner is a corporation.

APPENDIX 3

WHERE OWNER IS A DISTRIBUTING CORPORATION

Confirmation of ownership information is to be included with the proposal for uninsured surgical services. Please provide all the information requested below.

If a facility is designated as a surgical facility, this information will be published. An owner may request that the Minister consider an exception to publication under section 20(6) of the Health Care Protection Regulation. Such a request must be submitted in writing, explain why publication could reasonably be expected to threaten the safety of any person and accompany the ownership information. Note, however, that all information submitted will be subject to any applicable access and disclosure provisions of the *Freedom of Information and Protection of Privacy Act*, or the *Health Information Act*.

The information may be submitted in an alternative format provided that all the requested information is included. The owner must confirm that all information is correct by completing, signing and affixing this page to the information provided.

1. Name of the Owner (the Legal Name of the Distributing Corporation)	
2. Registered office address in Alberta of the Distributing Corporation (as it appears in the Alberta Corporate Registry)	
3. Name of the Surgical Facility (please confirm if registered as a Trade Name) **4.** Name and Address of all Directors of the Distributing Corporation	See Schedule A, attached.
5. Name and Address of all Officers of the Distributing Corporation	See Schedule B, attached.
Name and Address of all individuals who hold shares, directly or indirectly (to which are attached more than 20 per cent of the votes that may be cast to elect directors of the corporation), in the Distributing Corporation and the name and address of all corporations (registered office address) and other associates* through which the individuals indirectly hold those shares.	See Schedule C, attached.
6. Name and address of Operator, if different from Owner.	
7. List any other associations* or affiliations* not otherwise provided on this form in an attached Schedule.	

All information, including any Schedules or other attachments, is complete and correct as at _____(date)

_____ _____

Signature of Senior Officer of the Distributing Corporation Date

_____

* An associate is defined in section 1(1)(b) and an affiliate is described in section 1(2), Health Care Protection Regulation.

APPENDIX 3

WHERE OWNER IS A DISTRIBUTING CORPORATION

SCHEDULE A – Name and Address of all **Directors** of the Distributing Corporation

Legal Name of Distributing Corporation: _____

No.	Director Name	Address
1		
2		
3		
4		
5		
6		

APPENDIX 3
WHERE OWNER IS A DISTRIBUTING CORPORATION

SCHEDULE B – Name and Address of all **Officers** of the Distributing Corporation
Legal Name of Distributing Corporation: _____

No.	Officer Name	Officer Address
1		
2		
3		
4		
5		
6		

APPENDIX 3

WHERE OWNER IS A DISTRIBUTING CORPORATION

SCHEDULE C – Name and Address of all **individuals who hold shares**, directly or indirectly (to which are attached more than 20 per cent of the votes that may be cast to elect directors of the corporation), in the Distributing Corporation and the name and address of all corporations (registered office address) and other associates through which the individuals indirectly hold those shares.

Legal Name of Distributing Corporation: _____

#	**Shareholder (include Corporate Shareholders and other Associates through which individuals hold shares)**	**Address (Registered office address for Corporate Shareholders)**	**If applicable, the Name and Address of the Individual/s who indirectly hold shares through this Shareholder. In complicated arrangements, for example where the individual holds through more than one corporation, it will be necessary to expand this form.**
1			i)
			ii)
			iii)
2			i)
			ii)
			iii)
3			i)
			ii)
			iii)

APPENDIX 3

WHERE OWNER IS A DISTRIBUTING CORPORATION

SCHEDULE C-CONTINUED: Name and Address of all **individuals who hold shares**, directly or indirectly (to which are attached more than 20 per cent of the votes that may be cast to elect directors of the corporation), in the Distributing Corporation and the name and address of all corporations (registered office address) and other associates through which the individuals indirectly hold those shares.

Legal Name of Distributing Corporation: _____

#	Shareholder (include Corporate Shareholders and other Associates through which individuals hold shares)	Address (Registered office address for Corporate Shareholders)	If applicable, the Name and Address of the Individual/s who indirectly hold shares through this Shareholder. In complicated arrangements, for example where the individual holds through more than one corporation, it will be necessary to expand this form.
4			i)
			ii)
			iii)
5			i)
			ii)
			iii)
6			i)
			ii)
			iii)

APPENDIX 4

WHERE OWNER IS A NON-DISTRIBUTING CORPORATION

Confirmation of ownership information is to be included with the proposal for uninsured surgical services. Please provide all the information requested below with the proposal.

If a facility is designated as a surgical facility, this information will be published. An owner may request that the Minister consider an exception to publication under section 20(6) of the Health Care Protection Regulation. Such a request must be submitted in writing, explain why publication could reasonably be expected to threaten the safety of any person and accompany the ownership information. Note, however, that all information submitted will be subject to any applicable access and disclosure provisions of the *Freedom of Information and Protection of Privacy Act*, or the *Health Information Act*.

The information may be submitted in an alternative format provided that all the requested information is included. The owner must confirm that all information is correct by completing, signing and affixing this page to the information provided.

1. Name of the Owner (the Legal Name of the Non-Distributing Corporation)	
2. Registered office address in Alberta of the Non-Distributing Corporation (as it appears in the Alberta Corporate Registry)	
3. Name of the Surgical Facility (please confirm if registered as a Trade Name)	
4. Name and Address of all Directors of the Non-Distributing Corporation	See Schedule A, attached.
5. Name and Address of all Officers of the Non-Distributing Corporation	See Schedule B, attached.
6. Name and Address of all individuals who hold shares, directly or indirectly, in the Corporation and the name and address of all corporations (registered office address) and other associates* through which the individuals indirectly hold those shares.	See Schedule C, attached.
7. Name and address of Operator, if different from Owner.	
8. List any other associations* or affiliations* not otherwise provided on this form, in an attached Schedule.	

All information, including any Schedules or other attachments, is complete and correct as at _____(date)

_____ _____

Signature of Senior Officer of the Non-Distributing Corporation Date

_____

* An associate is defined in section 1(1)(b) and an affiliate is described in section 1(2), Health Care Protection Regulation.

APPENDIX 4

WHERE OWNER IS A NON-DISTRIBUTING CORPORATION

SCHEDULE A – Name and Address of all **Directors** of the Non-Distributing Corporation

Legal Name of Non-Distributing Corporation: _____

No.	Director Name	Address
1		
2		
3		
4		
5		

APPENDIX 4

WHERE OWNER IS A NON-DISTRIBUTING CORPORATION

SCHEDULE B – Name and Address of all **Officers** of the Non-Distributing Corporation

Legal Name of Non-Distributing Corporation: _____

No.	Officer Name	Address
1		
2		
3		
4		
5		

APPENDIX 4
WHERE OWNER IS A NON-DISTRIBUTING CORPORATION

SCHEDULE C – Name and Address of all individuals who are **Shareholders**, directly or indirectly, of the Non-Distributing Corporation

Legal Name of Non-Distributing Corporation: _____

#	**Shareholder (include Corporate Shareholders and other Associates through which individuals hold shares)***	**Address (Registered office address for Corporate Shareholders)**	**If applicable, the Name and Address of the Individual/s who indirectly hold shares through this Shareholder. In complicated arrangements, for example where the individual holds through more than one corporation, it will be necessary to expand this form.**
1			i)
			ii)
			iii)
2			i)
			ii)
			iii)
3			i)
			ii)
			iii)

If a Corporate Shareholder is a Distributing Corporation, only include Name and Address of all individuals who hold shares, directly or indirectly (to which are attached more than 20 per cent of the votes that may be cast to elect directors of the corporation), in the Distributing Corporation and the name and address of all corporations (registered office address) and other associates through which the individuals indirectly hold those shares.

SCHEDULE C – CONTINUED: Name and Address of all individuals who are **Shareholders**, directly or indirectly, of the Non-Distributing Corporation

Legal Name of Non-Distributing Corporation: _____

#	**Shareholder (include Corporate Shareholders and other Associates through which individuals hold shares)***	**Address (Registered office address for Corporate shareholders)**	**If applicable, the Name and Address of the Individual/s who indirectly hold shares through this Shareholder. In complicated arrangements, for example where the individual holds through more than one corporation, it will be necessary to expand this form.**
4			i)
			ii)
			iii)
5			i)
			ii)
			iii)
6			i)
			ii)
			iii)

* If a Corporate Shareholder is a Distributing Corporation, only include Name and Address of all individuals who hold shares, directly or indirectly (to which are attached more than 20 per cent of the votes that may be cast to elect directors of the corporation), in the Distributing Corporation and the name and address of all corporations (registered office address) and other associates* through which the individuals indirectly hold those shares.